

## **EDUCATOR PORTFOLIO**

**Alex J. Mechaber, MD, FACP**  
**Assistant Professor of Clinical Medicine**

Department of Medicine  
University of Miami School of Medicine

Prepared in support of candidacy for promotion from Assistant Professor to Associate Professor  
June 2004

Supporting materials are provided in the Appendices contained in this binder.

## I. TEACHING RESPONSIBILITIES

Since joining the Division of General Internal Medicine at the University of Miami School of Medicine (UMSM) in 1998, I have had a variety of teaching responsibilities within undergraduate and graduate medical education as well as in continuing medical education. I am also a core faculty member in our Office of Medical Education and teach in the following venues:

- **Generalist Primary Care Clerkship:** I am the Associate Director of the Generalist Primary Care Clerkship, a required third-year medical school clinical clerkship in ambulatory medicine and have held this position since 1999. The Generalist Primary Care Clerkship is a collaborative, interdisciplinary clerkship directed by faculty from the Departments of Medicine, Pediatrics, and Family Medicine aimed at preparing students for a physician's evolving role in the modern world of health care delivery. We strive to teach students the importance of meeting the needs of communities of patients as well as individual patients.

For this Clerkship, I developed an innovative curriculum in primary care adult medicine, including the creation of case-based teaching modules (See Appendix B1 for examples of case-based instruction). I also lecture on "Primary Care Dermatology" every six weeks to the students in the clerkship. This is a case-based lecture on the diagnosis and management of common dermatologic lesions. As a faculty preceptor in the clerkship, I spend four half days working with third year medical students as an attending in a community health center caring for an indigent and underserved population.

- **Clinical Skills Program:** I am the Director of the Clinical Skills Program, an interdisciplinary longitudinal theme in the medical school curriculum designed to prepare students for the clinical years of the curriculum and help them progress further toward the goal of becoming exemplary physicians. I have been a faculty mentor in the program since 1999.

I coordinate all aspects of the program including curriculum design, scheduling, and creation of case-based clinical small group exercises (See Appendix A1 for syllabi and Appendix A4 for examples of case-based exercises). In addition, I lecture on specific topics within both courses. As the Director of the Program, I also hold regular office hours 8 hours weekly.

In the first year of the program, students learn how to conduct a medical interview, perform a general systematic physical examination on a healthy adult, and organize the information into an appropriate written record. In the second year of the program, students further develop proficiency in these basic clinical skills in addition to learning how to assess findings from the history and physical exam, and practice clinical reasoning skills to develop differential diagnoses from these findings. All 300 first and second year medical students are involved in the program.

- **Professional Development of Student Leaders:** I have been the Co-Director of a professional development course for student leaders since 2002. This course consists of a series of evening seminars and small group discussions designed to (1) facilitate the promotion of self-directed and collaborative learning, (2) help standardize the learning environment and experience for students, and (3) provide students with life-long professional skills.
- **Senior Teaching Elective:** Since 2001, I have been the Co-Coordinator of a teaching elective for senior medical students. This course is designed to better prepare students for their current and future roles as educators. The course consists of directed, independent reading and field work practicing teaching skills with me in a community health center.

- **Transition Module:** Since 2003, I have been a Problem-Based Tutor for the second year medical school transitional module. For a period of five weeks a year, I serve as the faculty tutor for problem-based learning module designed to promote students' problem solving and life-long learning skills. Small group sessions are held three times per week where clinical cases are discussed in a problem-based format.
- **General Internal Medicine Inpatient Wards:**  
Two months per year, I attend on the general internal medicine wards. Here, my patient care activities are combined with clinical teaching. I supervise and teach internal medicine residents and third and four year medical students the art and science of inpatient internal medicine.
- **General Internal Medicine Ambulatory Clinic:**  
I attend in the general medicine resident continuity clinic one half day per week. Here, I supervise and teach internal medicine residents on the practice of outpatient internal medicine. Once per month, I also lecture to these residents on "Primary Care Dermatology." This is a case-based lecture on the diagnosis and management of common dermatologic lesions.

## II. PHILOSOPHY OF EDUCATION

Teaching is an honor. I cherish my role in educating current and future physicians. Enthusiasm, love for medicine, and the joy of learning are all qualities that can be infectious to learners at all levels, if modeled appropriately. These are qualities I try to model in all of my educational venues -- four years of undergraduate medical education, multiple years of graduate medical education, and continuing medical education for practicing clinicians.

While the clinical demands of medicine are immense, the education of our learners must be valued as highly as the service needs of our patients. Given these demands, I always seek and optimize opportunities for the "teachable moment" in clinical medicine. In addition, I employ a practical, simplified model of teaching to illustrate the relevance of topics and issues discussed in day-to-day clinical practice. This has had a meaningful impact on those I teach.

I value the learner-centered approach to teaching with its emphasis on the active participation of learners. This principle of adult learning theory strives to involve everyone in the learning process. Constant, timely, specific, and constructive feedback to learners is an essential component of this process.

Mentoring and guiding students and residents has, by far, been my most rewarding aspect of teaching. Along with role modeling, these have long been thought to be an integral component of medical education and an important factor in shaping the values, attitudes, behavior, and ethics of medical trainees. Although I have been fortunate to receive high ratings for my teaching, I believe the best indicator of teaching excellence is the occasional note I receive claiming that I made a positive difference in a student or resident's career and life. As a medical educator, I am grateful to have been given these opportunities and I look forward to reaching out to other learners.

### III. TEACHING PERFORMANCE AND SKILLS

#### LEARNER RATINGS

##### YEAR 1 AND 2 COURSES

- **Clinical Skills Program:** Since taking over the Directorship of this longitudinal theme, the course has received favorable ratings from both first and second year medical students. Not only do I coordinate all aspects of the program, I also lecture on specific topics within both courses: “The History of Physical Diagnosis,” “The Art of Interviewing,” “Patient-Centered and Doctor-Centered Interviewing,” “The Clear and Accurate Write-up: Tricks of the Trade.” These have also received high ratings from students. (See Appendix D1 for student evaluations on Clinical Skills Longitudinal Theme)

As a faculty mentor in the program since 1999, I have also received high ratings from my students. (See Appendix D2 for student evaluations of campus faculty mentor)

##### CLERKSHIP/YEAR 4 COURSE TEACHING

**Generalist Primary Care Clerkship:** As a core faculty preceptor in this clerkship, I am evaluated every six weeks by the medical students in the clerkship. A 12 question self-administered survey, developed by the course directors, is given to each student at the end of the six-week rotation. My preceptor evaluations have been highly positive. Since 1999, I have collected over 300 preceptor evaluations. (See Appendix D3 for a representative sample of Generalist Primary Care Clerkship Preceptor Evaluations) All of the evaluations have been archived and can be made available to the committee.

Over 130 evaluations included written comments such as “outstanding preceptor,” “model teacher,” and “excellent.” Below are samples of more descriptive comments from third year students:

*“Dr. Mechaber is truly the ideal preceptor and I could not say enough great things about him as a doctor, teacher, preceptor and person. His bedside manner is a role model/inspiration for me”*

*“Great preceptor. Encouraged thinking and offered appropriate feedback and challenges. Very good at conveying information to students and teaching problem solving skills.”*

*“Dr. Mechaber was a great teacher. It is so obvious he loves to teach and wants the student to learn. Hopefully there will be more of Dr. Mechaber in some other rotations.”*

*“Dr. Mechaber truly cares about teaching students how to problem solve and take care of patients. He takes the time to teach and makes sure the student is performing well.”*

*“Excellent teacher. He loves educating students and always provides positive feedback.”*

*“Best teacher I could have asked for. Incredible with patients. Really made me think about my plans and assessments. Taught me lots of pathophys and management of disease. Shows genuine care and concern for all the patients he sees. Has sold me on internal medicine.”*

During the clerkship, I also lecture on “Primary Care Dermatology.” This lecture has been uniformly well received, achieving high ratings in all categories. (See Appendix D4 for a representative sample of Generalist Primary Care Clerkship Dermatology Lecture Feedback Reports) All of the evaluations have been archived and can be made available to the committee.

- **Junior Internal Medicine Clerkship:** I receive high marks on my teaching evaluations from third year medical students on the internal medicine inpatient ward service. I routinely receive “A’s” as my final instructor grade. The overall distribution of these grades has been quite consistent over time. Generally, about 60-65% of those evaluated receive an overall A, 30-35% receive a B, leaving only about 5% who receive a C or lower. (See Appendix D5 for Junior Internal Medicine Clerkship Evaluations)

- **Professional Development of Student Leaders Course:** This course, now in its second year, has received excellent ratings and continues to be valued highly by the senior medical students. (See Appendix D6 for Professional Development of Student Leaders Evaluation)

#### POST-GRADUATE TEACHING

- **General Internal Medicine Inpatient Wards:** Internal medicine resident evaluations from my ward teams have been equally as positive. (See Appendix D7 for Inpatient Attending Evaluations)
- **General Internal Medicine Ambulatory Clinic:** Apart from teaching residents on the inpatient internal medicine ward team, I directly supervise and teach internal medicine residents in the general medicine clinics. I also give a lecture on “Primary Care Dermatology” to the residents monthly. Since 1999, I have collected over 90 evaluations which have all been highly positive in all categories. (See Appendix D8 for a representative sample of Ambulatory Rotation Teaching Evaluation) All of the evaluations have been archived and can be made available to the committee.

#### CONTINUING MEDICAL EDUCATION TEACHING

I have been invited to give a number of CME lectures for practicing clinicians. I have been routinely asked to participate in our annual:

- “Board Review Course in Internal Medicine”
- “Update in Internal Medicine”

University of Miami Department of Medicine faculty put both of these courses together. Ratings of all of my CME lectures have been excellent. (See Appendix D9 for Summary of Evaluation- CME Activity)

In April 2004, I moderated a session on “Special Areas in Primary Care” and lectured in the PRI-MED South Conference: Current Clinical Issues in Primary Care, for over 4000 primary care practitioners.

I also co-directed two successful faculty development conferences:

- “A Faculty Development Program in Teaching Quality Improvement” for the Departments of Medicine and Family Medicine in November 2000
- “A Faculty Development Program in Teaching and Assessing Professionalism,” in June 2001.

Both were well received by attendants. (See Appendix D10 for Evaluations from Faculty Development Programs)

#### NATIONAL WORKSHOPS/INTEREST GROUPS

I have coordinated and participated in several national workshops and interest groups through the Clerkship Directors of Internal Medicine, the Association of American Medical Colleges Southern Group on Educational Affairs, and the Society of General Internal Medicine:

- Workshop Coordinator, “The Multidisciplinary Generalist Clerkship: Meeting the Challenge of Ambulatory Education in the 21<sup>st</sup> Century,” Clerkship Directors in Internal Medicine 2003 Annual Meeting, Savannah, GA, October 2003.
- “Teaching Residents to Teach in the Clinical Setting,” Southern Group on Educational Affairs 2003 Annual Meeting, Miami, FL, April 2003
- Educators of Medical Students Interest Group, 26<sup>th</sup> Annual Society of General Internal Medicine Meeting, Vancouver, CA, April 2003; 25<sup>th</sup> Annual Society of General Internal Medicine National Meeting, Atlanta, GA, May 2002.

### **GRAND ROUNDS**

I lectured on “Breast Cancer Prevention in 2001” for the UM Department of Medicine Grand Rounds on February 14, 2001. I was rated mostly excellent in all categories (ratings ranged from excellent to poor). Excerpts from written comments included:

*“Absolutely masterful presentation”*

*“Very informative, easy to follow, enjoyed”*

(See Appendix D9 for Medical Grand Rounds CME Evaluation Form)

### **ADVISING AND MENTORING**

I have provided career advising and mentoring for over 140 medical students and internal medicine residents in my six-year tenure here at the UMSM. (See Appendix E1 for list of students and residents I have mentored) While our school has no formal evaluation system for advising and mentoring, I have received many notes from students and residents over the years that continue to inspire me. (See Appendix E2 for notes written by students I have mentored) Excerpts from unsolicited written comments include:

*“Once in a while, I run into some exceptional professors (and believe me, in my 38 years I have had my fair share of professors) and it would be a crime not to acknowledge this. You have not only given me a better fund of knowledge but also insight of what it takes to be a great primary care physician.”*

*-Pat Thompson April 1999*

*“...Once again, thank you for sparking in me a love of medicine. The mark of an outstanding mentor is someone who shares his knowledge, allows students to develop their skills and inspires everyone around him to do their best...Thank you for all the trust and respect. I only hope that in the future I can become a mentor to other students and residents.”*

*-Cristy Pravia September 1999*

*“Thank you so much for all of your time, guidance, and instruction. I feel very fortunate to have you as my faculty mentor and your dedication to our training has been invaluable in my education.”*

*-Rob Summerlee December 2002*

### **WRITTEN COMMENTS ON GENERAL TEACHING**

Please see two solicited letters from former students Meena Garg and Amanda Sergay (Appendix E3 for Letters from Former Students)

### **TEACHING AWARDS**

I have been honored with several teaching awards. In 2001, I was awarded the Dean’s Teaching Award, for “commitment to excellence, enthusiasm for teaching, and success in conveying to students the joy of learning.” This award was voted on by the faculty. More recently in both 2003 and 2004, I was awarded an Inpatient Student Teaching Award from the Department of Medicine for “consistent excellence in student teaching” based on outstanding student evaluations. In September of 2003, I was honored with the American College of Physicians Outstanding Teacher Award for the Florida Chapter.

### **EDUCATIONAL COMMITTEES**

I have been asked to serve on several committees at the UMSM, focusing on educational and curricular issues:

- Curriculum Advisory Committee, since 2003, made up of all course and clerkship coordinators and serves in advisory capacity to executive curriculum committee
- Advisory Council, Educational Development Office, since 2002, serving as advisor to the Director of the Educational Development Office

#### EDUCATIONAL COMMITTEES (CONTINUED)

- Committee on Evaluation of Core Competencies, since 2001, charged with defining core competencies for successful graduation from the UMSM
- Faculty Development Subcommittee, Curriculum Committee, since 1999, subcommittee aimed at evaluating faculty development efforts to present to curriculum committee

#### IV. INSTRUCTIONAL INNOVATION

I have been involved in innovative curricular design through the Generalist Primary Care Clerkship, the Clinical Skills Program, two senior medical student electives (Professional Development of Student Leaders and Senior Teaching Elective) and faculty development programs. I have also been part of our medical school's extensive curricular reform initiative over the past two years.

##### GENERALIST PRIMARY CARE CLERKSHIP

- **Case-Based Teaching Modules:** Through the Generalist Primary Care Clerkship, I developed several case based teaching modules to teach primary care adult medicine. One of my modules "Health Promotion, Prevention, and Screening in Adults: An Evidenced-Based Approach" was reviewed and is being used at the University of Wisconsin Medical School. (See Appendix B1 for examples of Generalist Primary Care Clerkship Case-Based Modules and Appendix B2 for Dr. Smith's Review of Health Promotion Module)
- **Primary Care Medical Jeopardy Review Session:** I developed a "Primary Care Medical Jeopardy" game show as a review session for students, now done during every six-week rotation.
- **Website:** I created a companion website within our Medical Education site that specifically details the course syllabus, selected reading material, and links to web resources. (See Appendix B3 for sample Generalist Primary Care website)
- **Preceptor Evaluation:** In efforts to improve our own preceptor teaching skills, I designed an evaluation form that each student completes on each faculty preceptor during the six week rotation. These evaluations are tabulated and distributed to each preceptor quarterly. (See Appendix B4 for sample Generalist Primary Care Clerkship Preceptor Evaluation)
- **Oral Exams:** I created a series of case-based oral exams in adult medicine, covering the core topics discussed during our teaching modules. (See Appendix B5 for sample Generalist Primary Care Clerkship Oral Exams)

##### CLINICAL SKILLS PROGRAM

Since becoming Director of the Clinical Skills Program in 2003, I re-designed the curriculum to better meet students' needs and to better achieve our curricular goals.

- **Syllabi:** I created new syllabi for both the first and second year programs outlining the specific expectations of students along with detailing the knowledge, skills, and attitudes that students will be able to attain at the end of each year of the program. (See Appendix A1 for example of Clinical Skills Program syllabus).
- **Website:** I created a companion website within our Medical Education site that specifically details the course syllabi, presentation material, selected reading material, archived webcasted lectures and links to web resources. (See Appendix A2 for sample Clinical Skills website)
- **Developmental Physical Exam Benchmarks and Videos:** In efforts to standardize the way in which physical exams are taught, I created a series of developmental physical exam benchmarks for both first and second year students. We filmed video clips of each portion of the physical exam, demonstrating our standardized technique. (See Appendix A3 for Clinical Skills Benchmarks) These were created with the help of a faculty advisory committee that I convened and are available for students to view on our website.

- **Clinical Cases:** I created and re-vamped the clinical cases used by the Clinical Skills instructors during small group case-based discussions. I have designed each case to include specific topics that students are learning in their concurrent organ system modules, in efforts to vertically integrate our curriculum within the rest of the medical school curriculum.
- **Patient Logs:** I re-designed patient logs that students submit after each preceptor visit to better catalog their clinical experience. (See Appendix A4 for examples of Clinical Skills Cases and Preceptor Session Logs)
- **Student Evaluation Form:** In efforts to improve feedback to students, I created a new evaluation form to be used by both full-time faculty and voluntary faculty in evaluating students they work with. (See Appendix A5 for Clinical Skills Faculty Mentor and Community Preceptor Evaluation Forms)

#### PROFESSIONAL DEVELOPMENT OF STUDENT LEADERS COURSE

In 2002, we created a senior medical student elective entitled “Professional Development of Student Leaders.” This seminar course, formatted in adult learning style, employs short didactic sessions with individual and group exercises, pre-seminar reading, and reflective exercises. Topics for the seminars include “Introduction to Learning Styles and Adult Learning Theory,” “Effective Teaching Techniques and Venues,” “How Teams Function and Why They Succeed,” “Effective Role Modeling and Mentoring,” and “Feedback and Evaluation.”

- **Leadership Summit:** Through this course, we also initiated a “The Leadership Summit” comprised of short didactic sessions coupled with highly interactive group exercises addressing conflict resolution and negotiation skills.
- **Presentation of Innovation:** In May 2003, we presented this innovative course at the 26<sup>th</sup> Annual Society of General Internal Medicine National Meeting in Vancouver, Canada, in addition to the 2003 Annual Southern Group on Educational Affairs Meeting. We received great interest in the course from attendees at both meetings. The abstract was published in the *Journal of General Internal Medicine* in April 2003.

#### FACULTY DEVELOPMENT SEMINARS

I was involved in the design, implementation, and direction of two faculty development seminars: “A Faculty Development Program in Teaching Quality Improvement.” and “A Faculty Development Program in Teaching and Assessing Professionalism.” Both of these innovations were published in abstract form in the *Journal of General Internal Medicine*.

- **Presentation of Innovation:** We presented “A Faculty Development Program in Teaching Quality Improvement” at the Association of American Medical Colleges Innovations in Medical Education exhibit in November 2001. We presented “A Faculty Development Program in Teaching and Assessing Professionalism” at the 25<sup>th</sup> Annual Society of General Internal Medicine National Meeting in May 2002. (See Appendix C for brochures of Faculty Development Programs)

### V. PROFESSIONAL DEVELOPMENT

#### FACULTY DEVELOPMENT

I have participated in several faculty development programs, in efforts to improve my teaching skills.

- In 1998, I attended a HRSA sponsored conference entitled “Models that Work: The Nuts and Bolts of Faculty Development.”
- In 2000, I was selected to participate in the HRSA sponsored conference “Teaching Managing Care Competencies.”



### **FACULTY DEVELOPMENT (CONTINUED)**

- In 2001, I attended the facilitator training program for the Glaxo Pathway Evaluation Program to better prepare myself for a greater mentoring role with students.
- In 2003, I completed the Problem Based Learning Tutor Training Program at our institution.

### **FACULTY DEVELOPMENT FELLOWSHIP IN GENERAL INTERNAL MEDICINE**

In 2001, I was selected to become a faculty fellow for the highly competitive University of North Carolina General Internal Medicine Faculty Fellowship. This two year program, which I completed in 2003, is designed to enhance the effectiveness of faculty members in the areas of primary care research, clinical epidemiology, teaching and learning in primary care, health care policy, evaluation and practice, professional development in academic medicine, and medical computing. The program has been instrumental in my development as a clinician, researcher, and educator.

### **PROFESSIONAL MEETINGS**

I have attended the national annual meetings of the Society of General Internal Medicine and the Association of American Medical Colleges since 1995. These have been extremely beneficial in my development as a medical educator. I also attend the local meetings of the American College of Physicians to stay current with updates in the field of internal medicine. I am a Fellow in the American College of Physicians and was recently elected Council Member of my region.

### **INTEREST GROUPS**

For the past three years I have led a national interest group “Educators of Medical Students” at the Society of General Internal Medicine meetings.

## **VI. EDUCATIONAL RESEARCH AND SCHOLARSHIP**

I have published several articles and a number of abstracts on medical education topics including a curriculum in systems based care and managed care, the internal medicine subinternship, the professional development of medical students, and faculty development programs.

- **Refereed Journal Articles:**

O’Connell, MO, Rivo, ML, Mechaber, AJ, Weiss, B. A Curriculum in Systems Based Care: Experiential Learning Changes Student Knowledge and Attitudes. *Family Medicine* 2004; 36 (January supplement):S98-S104. Part of the University of Miami School of Medicine’s systems of care longitudinal theme, initiated through the UME-21 grant.

Green, EH, Fagan, MJ, Reddy, S, Sidlow, R, Mechaber, AJ. Advances in the Internal Medicine Subinternship. *The American Journal of Medicine*. 2002; 113:769-773. Study done with members of the CDIM Subinternship Task Force.

Sidlow, R, Mechaber, AJ, Reddy, S, Fagan, M, Marantz, MD, P. The Internal Medicine Subinternship: A Curriculum Needs Assessment. *Journal of General Internal Medicine*. 2002; 17; 561-4. Study done with members of the CDIM Subinternship Task Force.

- **Published Abstracts and Oral/Poster Scientific Presentations:**

Mechaber, AJ, Flipse, AR, Zhang, C, O'Connell, MT. A Professional Development Course for Medical Students: Fostering Leadership, Teaching, and Mentoring Skills. *Journal of General Internal Medicine* 18: Supplement 1, April 2003; Poster Presentation at the 26<sup>th</sup> Annual Society of General Internal Medicine National Meeting, Vancouver, CA, May 2003; Oral Presentation at Southern Group on Educational Affairs 2003 Annual Meeting, Miami, FL, April 2003. Description of a professional development course for senior medical student leaders that began in 2002.

Carter, J, Rico, A, O'Connell, MT, Mechaber, AJ. Academic Societies: Value of a Student-Directed Program to Enhance Undergraduate Medical Education. Poster Presentation at Southern Group on Educational Affairs 2003 Annual Meeting, Miami, FL, April 2003. Academic Societies Program started in 2002 as a way to promote the evolution of students' leadership skills, provide an infrastructure for uniting students and faculty, foster medical professionalism and instill pride in the institution, reinforce clinical skills through peer teaching, facilitate medical research and community involvement, and establish personalized student/faculty relationships for mentoring, career advisement, and evaluation.

Mechaber, AJ, Flipse, AR, Braunstein, JJ, Zhang, C. A Faculty Development Program in Teaching and Assessing Professionalism. *Journal of General Internal Medicine* 17: Supplement 1, April 2002; Poster Presentation at the 25<sup>th</sup> Annual Society of General Internal Medicine National Meeting, Atlanta, GA, May 2002. Description of a faculty development program supported by a Stemmler grant.

Sidlow, R, Mechaber, AJ, Reddy, S, Fagan, M, Marantz, PR. The Internal Medicine Subinternship: A Curriculum Needs Assessment. *Journal of General Internal Medicine* 17: Supplement 1, April 2002; Poster Presentation at the 25<sup>th</sup> Annual Society of General Internal Medicine National Meeting, Atlanta, GA, May 2002. See above description of this study.

Mechaber, AJ, Watts, J, Pitts, S, O'Connell, MT. Academic Societies: Excellence in Leadership, Mentoring, and Counseling through Organized Student Support Groups. *Journal of General Internal Medicine* 17: Supplement 1, April 2002; Poster Presentation at the 25<sup>th</sup> Annual Society of General Internal Medicine National Meeting, Atlanta, GA, May 2002. See the above description of the Academic Societies Program.

O'Connell, MT, Mechaber, AJ, Hernandez, R, Watts, J, Pitts, S, Carullo, V, Kurzon, J. Academic Societies: Excellence in Leadership, Mentoring, and Counseling through Organized Student Support Groups. Poster Presentation at Innovations in Medical Education, Association of American Medical Colleges National Meeting, Washington, DC, November 2001. See the above description of the Academic Societies Program.

Mechaber, HF and Mechaber, AJ. A Faculty Development Program in Teaching Quality Improvement. Poster Presentation at Innovations in Medical Education, Association of American Medical Colleges National Meeting, Washington, DC, November 2001; Published in *Journal of General Internal Medicine* 16: Supplement 1, April 2001. Description of a faculty development program on teaching faculty how to teach about quality improvement.

#### **ONGOING RESEARCH**

I am currently working on two projects within medical education.

- **“Multidisciplinary Ambulatory Medicine Survey”:** This project is an initiative to better understand which institutions use a multidisciplinary approach to ambulatory education and the need for national curricular resources in this area. This project is being done collaboratively with the University of Pittsburgh and George Washington University.

### **ONGOING RESEARCH (CONTINUED)**

**“Exploring Medical Student Abuse from All Perspectives”:** This project is being done collaboratively with the University of Pittsburgh and Texas A&M University. The project will employ the use of videotaped role played scenarios shown to medical students, nurses, residents, and attending physicians. These scenarios are meant to demonstrate potential abuse scenarios. All of the groups would then be surveyed simultaneously to assess their perception of abuse in each of the scenarios.

## **VII. EDUCATIONAL ADMINISTRATION AND UNIVERSITY SERVICE**

I have contributed to a number of committees both at the University of Miami and George Washington University. One of my greatest contributions to the University of Miami has been through my role as Resident Master in the University of Miami Residential Colleges. In 1999, I became an Associate Master at Eaton Residential College. I have been the Master at Stanford Residential College since 2002. This has been a tremendously rewarding experience for my family and me.

### **UNIVERSITY SERVICE**

#### **University of Miami**

##### **University-Wide Committees and Service**

- Faculty Resident Master, Undergraduate Residential Colleges, UM  
Chair, Council of Masters, 2003 - 2004  
Master, Stanford Residential College, 2002-  
Associate Master, Eaton Residential College, 1999 – 2002  
*Faculty in residence serve as academic and intellectual role models for undergraduate resident students. They work with students to plan programs, seminars, tutorials, lectures, and extra-curricular experiences for all residents to create a living-learning community within the Residential College.*
- President’s Commission on Alcohol and Other Drug Issues, 2002-
- Faculty Senate Student Affairs Committee, 2000-

##### **School of Medicine Committees**

- Curriculum Advisory Committee, 2003-
- Advisory Council, UMSM Educational Development Office, 2002-
- Co-Chair, UMSM Professional Development for Junior Faculty Planning Committee, 2002-
- Committee on Evaluation of Core Competencies, 2001-
- LCME Self Study Committee on Student Affairs, Co-Chair, 2001- 2002  
Chair, Student Life/Organizations Subcommittee
- Faculty Development Subcommittee, Curriculum Committee, 1999-
- Admissions Committee, 2000-2002

##### **Department of Medicine Committees**

- Department of Medicine Intern Selection Committee, 1999-

#### **George Washington University Medical Center**

- Clinical Competency Committee, 1997 - 1998
- Transfusion Medicine Advisory Committee, 1997 - 1998